



ABM Course Registration Form

Student Information

Name: _____ DOB: _____ Male Female
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Name of parent/guardian: _____
Museum Member? Yes No

Emergency Contact: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

Medical Information

Please list any medical conditions that the instructor should know about:

Course Registration

Desired Courses	Dates	Tuition
_____	_____	_____
_____	_____	_____
	Total Tuition	_____

How did you find out about us and the course? _____

Payment

Check Enclosed is my check payable to the Antique Boat Museum for \$ _____ . _____

Credit Card Charge my tuition payment of \$ _____ . _____ to:

Name on Card: _____ Visa MC

Card #: _____ Expiration: _____ CVC#: _____

Signature: _____ Date: _____

Cash I paid \$ _____ in person at the Museum Admissions Desk.

I understand the conditions for cancellations and refunds as listed on the next page.

*** Form continues on page 2**

Please return registration form to:
Antique Boat Museum, Education Department, 750 Mary Street, Clayton, NY 13624
or Fax 315.686.2775

ABM Course Registration Form - Continued

Please note that during some courses and programs at the Antique Boat Museum, students will be going out in a boat. The waiver below must be signed before any student may participate in an on-water activity.

Waiver of Liability

I do for myself, my executors or administrators, heirs and assigns, waive any and all claims as may accrue for me or them against the Antique Boat Museum arising from my and or my family's participation in any and all activities including participation with any of my family's boat(s) in any or all of the Antique Boat Museum education programs and any otherwise related activities. If a participant is less than 18 years of age, a parent or guardian shall be required to sign this release.

Signature: _____ Date: _____

Photography Release

The Antique Boat Museum often takes photographs or videotapes of courses and participants for use in Museum publications and marketing.

____ I do not object to the Antique Boat Museum using my picture or my child's picture in Museum publications and marketing.

____ I do object to the Antique Boat Museum using my picture or my child's picture in Museum publications and marketing.

Signature: _____ Date: _____

ABM Course Cancellation Policy

- Should you cancel more than 4 weeks before the start of the class you will receive a full refund.
- If you cancel between 2 and 4 weeks before the start of the course you will receive a credit toward a future course. The credit will be valid for one year.
- If you cancel within 2 weeks of the class, we regret that we cannot refund or transfer your payment.
- If ABM must cancel the course for any reason, we will notify you and refund your entire tuition.

Please return registration form to:
Antique Boat Museum, Education Department, 750 Mary Street, Clayton, NY 13624
or Fax 315.686.2775